

AUG/15/2005/MON 03:36 PM WOODARD EMBARDT

**RECEIVED
CENTRAL FAX CENTER**
FAX No. 317 637 7561
AUG 15 2005

P. 005

WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2008. OMB 0651-0031

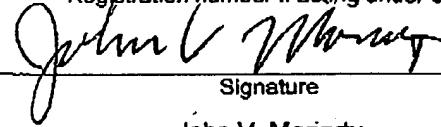
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Docket Number (Optional) 5795-3
Application Number	10/656,553	Filed September 6, 2003
For	LONG-LASTING SCENTED PAINT AND METHOD FOR SAME	
Art Unit	1714	Examiner S. S. Costales

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080
 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> Applicant/inventor.		
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>26,207</u>		
<input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____		
 Signature		Date <u>15 AUG 2005</u>
John V. Moriarty Typed or Printed Name		Telephone Number (317) 634-3456
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Search Date: 8/15/2005 MBINAS 00000031 10656553		
<input checked="" type="checkbox"/> Total of _____ forms are submitted.		01 FC:2251 60.00 OP

#358813

WEMMH #44057 (Rev. 7/05)

PAGE 5/26 * RCVD AT 8/15/2005 4:39:24 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/35 * DNIS:2738300 * CSID:317 637 7561 * DURATION (mm:ss):05:50